

(A)

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**Chief of Criminal Appeals  
Illinois Attorney General's Office  
100 W. Randolph Street  
Chicago, Illinois 60601**

**COMPLETE THIS SECTION ON DELIVERY**

<b>RECEIVED</b> <b>X ATTORNEY GENERAL</b>	
A. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery
JUN 06 2008	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
<b>OFFICE SVCS MAILROOM</b>	

3. Service Type	
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

7004 2510 0001 9676 1212

08cv2056

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4 in this box •

**Michael W. Dobbins, Clerk  
U.S. District Court  
219 South Dearborn Street  
Room 2010 (08cv2056)  
Chicago, Illinois 60604**

**RECEIVED**  
**JUN 17 2008**  
**MICHAEL W. DOBBINS**  
**CLERK, U.S. DISTRICT COURT**

**FILED**

**JUN 17 2008**  
**Jun 17, 2008**  
**MICHAEL W. DOBBINS**  
**CLERK, U.S. DISTRICT COURT**

08cv2056